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## FEB 1 9 2010

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PETITIO	N FOR EXTENSION OF TIME UNDER	Docket Number (Option	Docket Number (Optional)		
FY 2009  [Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).]			LJN09001USU (59	LJN09001USU (5969-101)	
Application Number 10/578,739			Filed May 10, 2006	Filed May 10, 2006	
For SY	STEM AND METHOD FOR SCALABL	E MULTIFUNCTIO	ONAL NETWORK COM	MUNICATION	
Art Unit 2465			Examiner Jessica L	Examiner Jessica L. Clifton	
This is a r application	equest under the provisions of 37 CFR 1.13	36(a) to extend the p	erlod for filing a reply in th	e above identified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	<b>\$6</b> 5	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
Z	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>555.00</u>	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2542					
WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attorney or agent of record. Registration Number 44,138					
attorney or agent under 37 CFR 1.34.					
/	Registration purible if acting und			•	
Though Tolly			February 19, 2	February 19, 2010	
Signature				Date	
Gregory B. Gulliver			(847) 282-355	(847) 282-3551	
Typed or printed name			•	Telaphone Number	
NOTE: Signat signature is re	ures of all the inventors or assignees of rocord of the en quired, see below.	ntire interest or their repres	sentative(s) are required. Submit :	multiple forms if more than one	
Total of 1 forms are submitted.					

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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